

## COMMERCIAL LEASE APPLICATION

Please complete the following application form and return it to the Landlord's Address Below.

### The Landlord

Landlord/Lessor: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Square Feet (SF): \_\_\_\_\_ Property Name (if any): \_\_\_\_\_

### The Business

Business Name: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type of Entity: \_\_\_\_\_ (e.g. LLC, Corporation, Partnership)

State of Incorporation: \_\_\_\_\_

Federal TAX ID Number (FEIN): \_\_\_\_\_

Business Type: \_\_\_\_\_ (e.g. "pharmacy", "convenience store", etc.)

**First Owner/ Principal**

Name: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ %

Title within the Business: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

**2nd Owner/Principal**

Name: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ %

Title within the Business: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

**Lease Guarantee**

Name(s) of the Person(s) that will Guarantee the Lease:

Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

**Rental History**

Present Address: \_\_\_\_\_

Rent: \$\_\_\_\_\_ / Month  - Rent  - Own  - Other \_\_\_\_\_

If Renting, Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Rent: \$\_\_\_\_\_ / Month  - Rent  - Own  - Other \_\_\_\_\_

If Rented, Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Rent: \$\_\_\_\_\_ / Month  - Rent  - Own  - Other \_\_\_\_\_

If Rented, Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Monthly Revenue**

Gross Revenue: \$ \_\_\_\_\_ Total Expenses: \$ \_\_\_\_\_

**Current Assets**

Cash on Hand & in Banks \$ \_\_\_\_\_

Savings Accounts \$ \_\_\_\_\_

IRA/Retirement Accounts \$ \_\_\_\_\_

Accounts Receivable \$ \_\_\_\_\_

Insurance Cash Surrender \$ \_\_\_\_\_

Stocks & Bonds \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Vehicles \$ \_\_\_\_\_

Other Personal Property \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total Assets: \$ \_\_\_\_\_

**Current Liabilities**

Accounts Payable \$ \_\_\_\_\_

Notes Payable to Banks \$ \_\_\_\_\_

Auto Payments \$ \_\_\_\_\_

Other Installment Accounts \$ \_\_\_\_\_

Loans on Life Insurance \$ \_\_\_\_\_

Mortgages on Real Estate \$ \_\_\_\_\_

Unpaid Taxes \$ \_\_\_\_\_

Other Liabilities \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities \_\_\_\_\_ \$ \_\_\_\_\_

Total Liabilities \$ \_\_\_\_\_

**Credit Reference**

These credit references should be provided by former Landlords, Banks, Vendors etc.

1st Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2nd Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3rd Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Banking References**

1st Account Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number \_\_\_\_\_ Type  - Checking  - Savings

2nd Account Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number \_\_\_\_\_ Type  - Checking  - Savings

**Consent**

I/We, \_\_\_\_\_, the undersigned applicant(s) authorize the

Landlord, \_\_\_\_\_, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_